



Atty. Dkt. No. 029318-0299

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1615A

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: H. William BOSCH et al.

Title: BIOADHESIVE  
NANOPARTICULATE  
COMPOSITIONS HAVING  
CATIONIC SURFACE  
STABILIZERS

Appl. No.: 10/004,808

Filing Date: 12/07/2001

Examiner: Unassigned

Art Unit: 1615

**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- [ ] Small Entity statement is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	87	—	84	= 3 x \$18.00 =	\$54.00
Independents:	13	—	13	= 0 x \$84.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$280.00 =	\$0.00
				CLAIMS FEE TOTAL: =	\$54.00

- [ ] Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
	EXTENSION FEE TOTAL:		\$0.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$54.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$54.00

- Please charge Deposit Account No. 19-0741 in the amount of \$54.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$54.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date May 16, 2002

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By Michele M. Simkin

Michele M. Simkin  
Attorney for Applicant  
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